

Exhibit A

Type: Debit

Disbursement Services
321 Entry Type

JK

Remit DUNS # RD 005246673
Supplier Name MOLEX INC
Plant Code FW
Document # ADMCR 52651
Doc Date 12/16/2004
Doc Total \$152,680.00
Doc Provg Due Date
Currency USD
BOL 52651
Ship Date
Terms A
Desc COST RECOVERY

MI
170250697
1/7/2005
S06175
\$152,680.00

Multi PO Y Multi Pit Y

PO#

MEMO:

Chrg type	Account Number	Work Order	Total \$
ADJ	FW700000016099700000000000		\$152,680.00
			\$0.00
			\$0.00
			\$0.00

Part #	Qty	UOM	Unit Price	Contract (PO)	Part Total \$

☐ See attached for parts contract information

Cross Reference Information

DUNS No Pit Code Doc Type Document No

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Other Required Information

Dup Check Completed ☒ Date 12/22/2004

Submitted By JOHNSONE Phone

Approvals (for 321):

Supervisor: _____

Manager or 7th Level: _____

0435370225003-6005013284412

DEC-22-04 WED 01:38 PM

FAX NO. 3735354

P. 04

DELPHI

Disbursement Analysis Debt Memorandum

THIS NUMBER MUST APPEAR ON ALL CREDIT MEMORANDUMS

DM **52651**

Date: Dec 16 '04

INVOICE TO:
Name
& Address

Maley, Inc

SHIP TO:
To Address
From Address

Charge Acct #:
(if provided)

97000

Name or Description (Part No. where applicable)	Purchase Order #	Quantity & UOM	Unit Cost	Total Value
<u>15 461331</u>	<u>P0150023</u>	<u>15,267.20 K</u>	<u>3.75</u>	<u>572,505.00</u>
	(REQUIRED) Only one Purchase Order number per DM.			
				<u>152,680.00</u>
				<u>152,680.00</u>
Total Amount of Debit				<u>572,505.00</u>

Reason for DM: (attached supporting data if needed)

Item 40 on order P/R 20041018-150339002, boxes not inserted with the PN requested and the confector was wrong. Cost Recovery.

Account Numbers for financial credit - For Cost Recoveries, provide an account # under Other

Material Inventory accounts:

- ☐ Ohio - PR 2400 00000 80100 000 000 0000
☐ Mexico West - FV 2400 00000 80100 000 000 0000
☐ Mexico East - FW 2400 00000 80100 000 000 0000

- ☐ Jackson, MS - FS 2400 00000 80100 000 000 0000
☐ Babylon, MS - FT 2400 00000 80100 000 000 0000
☐ Other >

Returnable Container accounts:

- ☐ Ohio - PR 2400 00000 77000 000 824 0000
☐ Mexico West - FV 2400 00000 77000 000 824 0000
☐ Mexico East - FW 2400 00000 77000 000 824 0000

- ☐ Jackson, MS - FS 2400 00000 77000 000 824 0000
☐ Babylon, MS - FT 2400 00000 77000 000 824 0000
☐ Other >

Complete the following as applicable:

Problem Case #: 20041018-150339002

RMA #: N/A

Freight Charges for Returned Material:

- ☐ Collect - Supplier to be billed freight charges upon delivery (3% fee applied)
☐ Prepaid - Supplier specified carrier and charge amount (3% fee applied)
☒ Delphi Paid (Delphi Packard pays freight charges)

Traffic Dept.

Date Shipped:	# Skids:	Gross Wt:
<u>BOL #:</u>	<u># Containers:</u>	

Approvals:

Requested By:

Michael Fuentes

Dept: 03030

Mail Section: 806

Phone: (405) 443-4444

Requester's Supr.
or Designator

Signature

Date

Purchasing
Approve:

Signature

Date

4-1203

FINANCE

0436170225003-0005013284412

DM 52651

Duns Number: _____

AFC/GOI & ADJ Audit Checklist

0436170225003-0005013284412

AFC	GOI	ADJ
<u>Section 4</u>	<u>Section 2</u>	<u>Section 1</u>
_____ AFC # must be readable & not hand written	_____ Readable Invoice # & date	_____ Duns # matches vendor info/RO OK if needed
_____ Duns # matches vendor info/RO OK if needed	_____ Duns # matches vendor info/RO OK if needed	_____ Vendor name
_____ Vendor name & address	_____ Vendor name & address	_____ Plant Code (first 2 letters in acct #)
_____ Disbursement amount on top matches total amount at bottom	_____ Document total \$ amount	_____ ADN/ACN & Document # - No doc # - Used date & amount
_____ Verify account number	_____ Verify account number	_____ Document date & total
_____ Liaison approver stamp	_____ Liaison approver stamp	_____ Currency
_____ Duplicate Search	_____ Duplicate Search	_____ EOL #
_____ Initials & Date document	_____ If older than 13 months must do custom search in E-DACOR	_____ Payment terms
_____ Payment Term	_____ Payment Term: if no terms will default to 0	_____ Description
_____ Check Non-PO invoice type AFC, SPC, MWA.	_____ Circle Duns #	_____ Purchase Order # (when required and on Holdbacks)
_____ Special Delivery Instructions	_____ Circle Invoice # & date	_____ Charge type
_____ Give Explanation of payment	_____ Circle total \$ amount	_____ Duplicate Search (Box checked and way ID is present)
_____ Check for two other signatures in addition to Liaison - no initials or printed name. Liaison signature MUST include number	_____ Verify Non-PO invoice type	_____ Account #
_____ Currency Effective	_____ Account #	_____ If acct. # 2400 00000 75000 Must part post for GM plants
_____ Account #	_____ All "3270" type accounts	_____ Account #
_____ Account #	_____ Must have a work order number	_____ All "3270" type accounts
_____ If acct. # 2400 00000 75000 Must part post for GM plants	_____ Account #	_____ Must have a work order number
	_____ If acct. # 2400 00000 75000 Must part post for GM plants	_____ Part posting & Cross reference: if needed
		_____ Proper approval (Liaison stamp on any credit)
		_____ Multi Plant, Multi PO (Y,Y)

Name & EOS Mail ID: Evan Johnson 020PSM 902-797-5123

Date: 12/22/04

Signature: [Signature]

Signature indicates that the desk procedure has been followed and the above checklist has been completed.

ADJUSTING CREDIT MEMO CHECK LIST

_____ Supporting Detail	
_____ Cross Reference	0501
_____ Corresponding EOL	0507
_____ Search by Date/Doc	0503
_____ Corresponding PO	0112
_____ Search for posted date to clear	
_____ Liaison approval stamp	

Type: Debit

Disbursement Services
321 Entry Type

Remit DUNS # RD 005246673
Supplier Name MOLEX INC
Plant Code FW
Document # ADMCR 52389
Doc Date 10/12/2004
Doc Total \$11,151.25
Doc Provg Due Date
Currency USD
BOL 52389
Ship Date
Terms A
Desc COST RECOVERY

M1

500175

~~170250697~~

1/7/2005

170250697

\$11,151.25

Multi PO Y

Multi Pit Y

PO#

MEMO:

Chrg type	Account Number	Work Order	Total \$
ADJ	FW700000016099700000000000		\$11,151.25
			\$0.00
			\$0.00
			\$0.00

Part #	Qty	UOM	Unit Price	Contract (PO)	Part Total \$

☐ See attached for parts contract information

Cross Reference Information

DUNS No Pit Code Doc Type Document No

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Other Required Information

Dup Check Completed ☒ Date 12/22/2004

Submitted By JOHNSONE Phone

Approvals (for 321):

Supervisor: _____

Manager or 7th Level: _____

0436170225001-0005013284410

DEC-22-04 WED 01:38 PM

FAX NO. 3735354

P. 02

DELPHI

Disbursement Analysis Debt Memorandum

THIS MEMORANDUM MUST APPEAR ON ALL CREDIT MEMORANDUMS

DM **52389**

Date: October 12, 2004 RD 5246673

Supplier: Udex Inc.
Name & Address

SHIP TO:
OF Order
From
Supplier To

Duns Code: 063271720

Change Acc't #
(if provided)

\$5,802.50

Name or Description (Part No. where applicable)	Purchase Order #	Quantity & UOM	Unit Cost	Total Value
15405531	P 3150057	12.2	20	2,440
		381	20	7,620
		511 @	13.75	6,997.75
			13.75	11,157.25
Total Amount of Debt				26,220

Reason for DMI: (attached supporting data if needed)

change to Vendor PRK 2003112-171423864 due to
schedule discrepancy Part No 15405531 Cost Recovery

Account Numbers for Financial Credit - For Cost Recovery, provide an account # under Other

Material Inventory Accounts:

- ☐ Ohio - FR 2400 00000 99100 000 000 0000
☐ Mexico West - FY 2400 00000 99100 000 000 0000
☐ Mexico East - FW 2400 00000 99100 000 000 0000

- ☐ Jackson, MS - FS 2400 00000 99100 000 000 0000
☐ Brookhaven, MS - FT 2400 00000 99100 000 000 0000
☐ Other >

Returnable Container Accounts:

- ☐ Ohio - FR 2400 00000 77000 000 000 0000
☐ Mexico West - FY 2400 00000 77000 000 000 0000
☐ Mexico East - FW 2400 00000 77000 000 000 0000

- ☐ Jackson, MS - FS 2400 00000 77000 000 000 0000
☐ Brookhaven, MS - FT 2400 00000 77000 000 000 0000
☐ Other > 31-1000-00016 00016 000 000 0000

Complete the following as applicable

Problem Case #:

2003112-171423864

RMA #:

N/A

Freight Charges for Returned Material:

- ☐ Collect - Supplier to be billed freight charges upon delivery (3% fee applied)
☐ Prepaid - Supplier specified carrier and charge account (3% fee applied)
☒ Delphi Paid (Delphi Truckload pays freight charges)

Paeterson

Traffic Dept.		Cross Wt.	
Date Shipped:	# Skids:		
BOL #:	# Containers:		

Approvals:

Requested By:

Wendy L. Funderburg Date: 02/03/04

Requester's Supr.
or Designator

Signature:

Date

Requested By:

Wendy L. Funderburg Date: 12/02/04

Requester's Supr.
or Designator

Signature:

Date

FINANCE

0436170225001-0005013284410

Curs Number _____

AFC/GOI & ADJ Audit Checklist

AFC	GOI	ADJ
_____ AFC # must be readable & not hand written	_____ Readable Invoice # & data	_____ Curs # matches vendor info/PO OK if needed
_____ Curs # matches vendor info/PO OK if needed	_____ Curs # matches vendor info/PO OK if needed	_____ Vendor name
_____ Vendor name & address	_____ Vendor name & address	_____ Plant Code (first 2 letters in acct #)
_____ Disbursement amount on top matches total amount at bottom	_____ Document total \$ amount	_____ ADWACM & Document # - No doc # - Used date & amount
_____ Verify account number	_____ Verify account number	_____ Document date & total
_____ Liaison approver stamp	_____ Liaison approver stamp	_____ Currency
_____ Duplicate Search	_____ Duplicate Search	_____ GOL #
_____ Initial & Date document	_____ Payment Term: If no terms will default to 0	_____ Payment terms
_____ Payment Term	_____ Circle Curs #	_____ Description
_____ Circle Non-PO Invoice type AFC, SPC, M/A	_____ Circle Invoice # & date	_____ Purchase Order # (when required and on Holdbacks)
_____ Special Delivery instructions	_____ Circle total \$ amount	_____ Charge type
_____ Circle Explanation of payment	_____ Verify Non-PO Invoice type	_____ Duplicate Search: (Box checked and user ID is present)
_____ Check for two other signatures in addition to Liaison - no initials or printed names. Liaison signature MUST include number	_____ Account #	_____ Account #
_____ Currency Effective	_____ All "3270" type accounts	_____ If acct = 2400 0000 73000
_____ Account #	_____ Must have a work order number	_____ Must part post for GM plants
_____ All "3270" type accounts	_____ Account #	_____ Account #
_____ Must have a work order number	_____ If acct = 2400 0000 73000	_____ All "3270" type accounts
_____ Account #	_____ Must part post for GM plants	_____ Must have a work order number
_____ If acct = 2400 0000 73000		_____ Part pooling & Cross reference if needed
_____ Must part post for GM plants		_____ Proper approval (Liaison stamp on any credit)
		_____ Mult Plant, Mult PO (Y,Y)

05-44481-rdd Doc 11043-1 Filed 11/21/07 Entered 11/21/07 17:37:28 Exhibit A

Name & ECS Net ID: Evan Johnson OZQPJM 602-757-5123

Date: 12/22/04

Signature: 

Signature indicates that the desk procedure has been followed and the above checklist has been completed.

ADJUSTING CREDIT MEMO CHECKLIST

_____ Supporting Detail	
_____ Cross Reference	0401
_____ Corresponding GOL	0507
_____ Search by Date/Doc	0503
_____ Corresponding PO	0112
_____ Search for original data in client	
_____ Liaison approval stamp	

Type: Debit

Disbursement Services
321 Entry Type

Remit DUNS # RD 005246673
Supplier Name MOLEX INC
Plant Code FV
Document # ADMCR 51866
Doc Date 12/21/2004
Doc Total \$50,462.50
Doc Provg Due Date
Currency USD
BOL 51866
Ship Date
Terms A
Desc COST RECOVERY

MI
500175
1/7/2005
170250697
\$50,462.50

PO#

MEMO:

Chrg type	Account Number	Work Order	Total \$
ADJ	FV700000586099700000000000		\$50,462.50
			\$0.00
			\$0.00
			\$0.00

Part #	Qty	UOM	Unit Price	Contract (PO)	Part Total \$

☐ See attached for parts contract information

Cross Reference Information

DUNS No P# Code Doc Type Document No

Other Required Information

Dup Check Completed ☒ Date 12/23/2004

Submitted By JOHNSONE Phone

Approvals (for 321):

Supervisor: _____

Manager or 7th Level: _____

0436170225007-0005013284416

DEC-23-04 THU 07:51 AM

FAX NO. 3735354

P. 03

DELPHI

Disbursement Analysis Debit Memorandum
FORM 1124-12B3

THIS MEMO MUST APPEAR ON ALL
CREDIT MEMORANDUMS

DM 51866

Date: 12/21/04

INVOICE TO:
Name
& Address

MOLER, INC.
2222 WASHINGTON CT
LISLE IL 60532

SHIP TO:
(if different
than
Invoice To)

SAME

Carrier
(for returning material)

Charge Acct #:
(if provided)

Name or Description (Part No. where applicable)	Purchase Order #	Quantity & UOM	Unit Cost	Total Value
15348763 SCHEDULE MISSED CALLS FROM TIME	P350028 (REQUIRED) Only one Purchase Order number per D M.			50,462.50
Total Amount of Debit				50,462.50

Reason for DM: (attached supporting data if needed)

Account Numbers for financial credit - For Cost Recoveries, provide an account # under Other

Material Inventory accounts:

- ☐ Ohio - PR 2400 00000 80100 000 000 0000
☐ Mexico West - FW 2400 00000 80100 000 000 0000
☐ Mexico East - FW 2400 00000 80100 000 000 0000

- ☐ Jackson, MS - FS 2400 00000 80100 000 000 0000
☐ Brookhaven, MS - FT 2400 00000 80100 000 000 0000
☐ Other >

Returnable Container accounts:

- ☐ Ohio - FR 2400 00000 77000 000 824 0000
☐ Mexico West - FW 2400 00000 77000 000 824 0000
☐ Mexico East - FW 2400 00000 77000 000 824 0000

- ☐ Jackson, MS - FS 2400 00000 77000 000 824 0000
☐ Brookhaven, MS - FT 2400 00000 77000 000 824 0000
☐ Other > EV 7000 00586 000 000 000 0000

Complete the following as applicable:

Problem Case #: 20030828-161146187

RMA #:

Freight Charges for Returned Material:

- ☐ Collect - Supplier to be billed freight charges upon delivery (3% fee applied)
☐ Prepaid - Supplier specified carrier and charge account (3% fee applied)
☒ Delphi Paid (Delphi Packard pays freight charges)

Cartman

Traffic Dept.			
Units Shipped:	# Skids:	Gross Wt.:	
UCL #:	# Containers:		

Approval:

Requested By:

Date:

Signature:

Date:

Signature:

Date:

Dept: 3004

Mail Station:

OKS

Phone: 95-62-4837

Date: 12/21/04

Signature:

Ray W. [Signature]

Date: 12/21/04

51203

0436170225007-00005013284416

DM 51866

Curs Number _____

AFC/GOI & ADJ Audit Checklist

AFC	GOI	ADJ
_____ AFC # must be readable & not hand written	_____ Readable Invoice # & date	_____ Does # matches vendor info/RO OK if needed 0501
_____ Does # matches vendor info/RO OK if needed 0501	_____ Does # matches vendor info/RO OK if needed 0501	_____ Vendor name 0501
_____ Vendor name & address 0501	_____ Vendor name & address 0501	_____ Plant Code (first 2 letters in acct #) 1313
_____ Disbursement amount on top matches total amount at bottom	_____ Document total \$ amount	_____ ADJ#ACH# & Document # - No Inc # - Used date & amount 1321
_____ Verify account number 1101	_____ Verify account number 1101	_____ Document date & total
_____ Liaison approver stamp	_____ Liaison approver stamp 1101	_____ Currency 0509
_____ Duplicate Search 0503	_____ Duplicate Search If older than 13 months must do custom search in E-CACOR	_____ BGL# 0507
_____ Initial & Date document	_____ Payment Term: if no terms will default to 0	_____ Payment terms 1318
_____ Payment Term 1318	_____ Circle Curs #	_____ Description
_____ Circle Non-PQ invoice type AFC, SPC, MWA 1323	_____ Circle Invoice # & date	_____ Purchase Order # (when required and on Holdbacks) 0112
_____ Special Delivery instructions	_____ Circle total \$ amount	_____ Charge type 1313
_____ Circle Explanation of payment	_____ Verify Non-PQ invoice type 1323	_____ Duplicate Search (Box checked and user ID's present) 0503 & 0401
_____ Check for two other signatures In addition to Liaison - no initials or printed name, Liaison signature MUST include number	_____ Account # All "3270" type accounts Must have a work order number	_____ Account # If acct. = 2400 00000 75000 Must part post for GM plants
_____ Currency effective 0509	_____ Account # If acct. = 2400 00000 75000 Must part post for GM plants	_____ Account # All "3270" type accounts Must have a work order number
_____ Account # All "3270" type accounts Must have a work order number	_____ Account # If acct. = 2400 00000 75000 Must part post for GM plants	_____ Part posting & Cross reference? needed 0505
_____ Account # If acct. = 2400 00000 75000 Must part post for GM plants		_____ Proper approval (Liaison stamp on any credit) HOT
		_____ Mail Pmt, Mail PO (Y/N) (N/N)

0536170225007-000501328416

Name & EOS Net ID: Evett Johnson 02QPM 507-797-5128

Date: 12/23/07

Signature: [Signature]

Signature indicates that the desk procedure has been followed
and the above checklist has been completed.

ADJUSTING CREDIT MEMO CHECKLIST

_____ Supporting Detail	
_____ Cross Reference	0501
_____ Corresponding SOL	0507
_____ Search by Date/Doc	0503
_____ Corresponding PO	0112
_____ Search for payment date in order	
_____ Liaison approval stamp	